

<Date>

<First Name> <Last Name>
<Address 1>
<Address 2>
<City>, <State> <Zip>

Dear <First Name>,

You may have recently received information about an upcoming change to the specialty drug coverage offered by your employer’s health plan. We understand some health care providers are also sending letters to their patients about this change, so we’re writing to explain exactly how it affects you.

Beginning Jan. 1, 2020, the provider-administered drug(s) you’re taking will need to come from a pharmacy in the BlueCross Specialty Pharmacy Network.

< variable drug(s) component goes here>	< variable drug(s) component goes here>
< variable drug(s) component goes here>	< variable drug(s) component goes here>
< variable drug(s) component goes here>	< variable drug(s) component goes here>

Instead of paying your provider for the drug(s), you’ll pay the specialty pharmacy. The pharmacy will call you and walk you through the steps you need to take. This change is part of an effort to help lower your costs.

Since we’ve heard some providers may have concerns with this change – and may even be telling you they can no longer treat you – we want to reassure you that we’re here to help you continue to get the care and approved medications you need.

As always, we’re right here if you have any questions. Just call us at the Member Service number on the back of your Member ID card.

Best of Health,

Your Member Care Team

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

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If you need these services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية متوفرة لك المجان. اتصل برقم 800-565-9140-1 (رقم هاتف الصم والبكم: 1-800-848-0298).

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CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-565-9140 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-565-9140 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-565-9140 (ATS : 1-800-848-0298).

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ማሳሰቢያ: የሚናገሩት ቋንቋ ለማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች: በነጻ ሊያገለግሉት ለዘጋጅተዎልዎ: ወደ ሚክተለው ቁጥር ይደውሉ 1-800-565-9140 (መስማት ለተሳናቸው: 1-800-848-0298).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-565-9140 (TTY: 1-800-848-0298).

සුඛවා: ඔබේ මව් බසින් කතා කරන ඔබ, ඔබේ නිවැරදි භාෂා සහ භාෂා සේවාවන් මාරා නැවතී ඉපයවූයේ ඔබේ දුරකථන 1-800-565-9140 (TTY:1-800-848-0298)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-565-9140 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-565-9140 (TTY:1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-565-9140 (TTY:1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-565-9140 (телетайп: 1-800-848-0298).

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرید. 1-800-565-9140 (TTY:1-800-848-0298)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínizín: Díí saad bee yáníiti'go Diné Bizaad, saad bee áká'anída'áwo'déé', t'áá jiik'eh, éi ná hólo, kojí' hódíilnih 1-800-565-9140 (TTY: 1-800-848-0298).

<Date>

<First Name> <Last Name>
<Address 1>
<Address 2>
<City>, <State> <Zip>

Dear <First Name>,

We're reaching out to tell you about upcoming changes to your specialty drug coverage. We have some good news for you. Beginning Jan. 1, 2020, when and how your pay for the drug(s) listed below will change. Instead of paying the provider who administers this drug for you, you'll pay the pharmacy that sends this drug to your provider. This change means you'll pay a few days earlier than you're used to, but you could save money on your prescription costs.

< variable drug(s) component goes here>

What this means for you

A few days before your scheduled appointments, the pharmacy will call you to arrange your payment. After you pay, they'll ship the drug to your provider, and you'll go to your appointment as normal. You'll still need to pay your provider for their care, but not for the drug itself. You can also use manufacturer coupons to help pay for your drug, if available.

We're here for you

If you have any questions about this change and how it affects you, we're here to help. Just give us a call at the Member Service number on the back of your Member ID card.

Best of Health,

Your Member Care Team

MEMBER DETAILS

Subscriber Name
<First Name> <Last Name>

Subscriber ID
<Subscriber ID>

Member Name
<First Name> <Last Name>

Member ID
<Member ID>

Date of Birth
< DOB>

Group No.
<value>

Claim No.
<Claim #>

Date of Service
< DOS>

Dates of Service
<Date> to <Date>

Reference ID
< Reference ID >

Provider Name
<Provider Name>

Provider No.
<Value>

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સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-565-9140 (TTY:1-800-848-0298)

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